

AURICLE

It was often wished for, but now with a sense of dread, the last editorial must be written. He would first like to thank all of those contributors who filled many empty pages; those who proffered criticism and encouragement, more often than not the former; and last but not least, you the reader, for taking the time to read our rag.

There were a few moments, but for the most part Auricling was an enjoyable experience. It provided opportunities to practise and print our literary skills, afforded a place to sharpen our editorial skills on poor, unsuspecting writers, and basically gave us, within reason, the freedom to do as we pleased. The Auricle was also blessed with a co-editorialship that worked quite effectively, especially in combining our writing skills (usually a 60/40 ratio) which got over a few tight spots.

We send the best of wishes to all our colleagues, and may lady luck shine upon us all during the upcoming final exams with the brilliance of Rob Hegele's piano virtuosity.

If you will all now kneel together, we, in our benevolent fashion, will bless you for the upcoming exams (period of silence). Now that you are all holy and pious, you are ready for any obstacles in your path, ready to thwart those in your way, and able to help those you meet.

We wish to especially bless the clerks and hope for the best in their soon-to-be fledgling careers as physicians; may it afford the opportunity to find the best in themselves.

To sum up how we feel, and because he said it better, we leave you with these words of Alexander Solzhenitsyn (Cancer Ward Part II): "The career of a physician is ultimately one of love of brotherhood--a breakdown of self-love into the service for and of humanity. All physicians are actively engaged in the perusal of this service of fellow man.

The reasons why physicians are always held somewhat higher socially and in a bit of reverence, is that, though they may be given to self-love personally, their careers are centered around what are considered higher social goals."

The rewards are likewise of a higher nature, and only to be found when one is true to oneself. Take care.

Pat Gallagher
Anne Summers

THOUGHTS ON THE JOINT MEETING

Once a year, while their classmates busily hurry home to cram for fast-approaching exams, the members of the past and upcoming Medical Assemblies (well, at least some of them--maybe the responsible ones or maybe just the ones who enjoy 3-ring circuses) gather to participate in that yearly ritual of democracy--electing members to the various Medical Society committees and to those faculty committees on which students serve.

The evening was well-organized by CRO Beth Reade and her helpers but was still dominated by what can only be described as a "bizarre atmosphere". The "inner sanctum" of assembly members talked, giggled and studied while a variety of nominees presented their qualifications--the aspiring politicians, the idealists, ready to take on the entire faculty to transform into their own personal vision; the sincere quiet, "ordinary" student at their first Med Soc meeting nervously facing the unruly mob bored by a never ending parade of two minute platitudes. Some applicants didn't consider knowledge of the activities and demands of the position they were applying for important--an interesting proposition!

In summary...Congratulations to the winners! Condolences to the losers! The evening was a unique blend of pathos, comedy, boredom and drama and the pizza was fantastic!



Results of the Joint Meeting

MAA rep.....Gordon Cheung
Journal.....Robert Jin
Admissions.....Karen McArthur
 Ed Woods
 Don Baumander
 Howard Rudner
Chief Returning
 Officer.....Laura Cruz
Awards.....Marion Frendo
 Rob Hegele
 Dave Ross
 Mark Sluzar
Appeals.....Ken Citron
 Joel Raskin
U. M. Curriculum
 Committee...Karen O'Neill
OMA rep.....Fred Matzinger
External Affairs....Stephen Holzapfel
Yearbook Trichairmen Paul Boughen
 David Crookston
 Alfio Meschino
Camera Club.....Erez Tamari
Chairman.....Frank Lista
Acadaemic Affairs...Elliott Weiss
Textbook.....Jerry Halberg
Arts & Letters
 Co-chairmen.....Anne Baddley
 Christa Jeney

Dr. Frank Sommers will present a lecture entitled "The Medical Implications of Nuclear Power and Nuclear War" next Monday, April 21 at 5:15 p.m. in Rm 3154.

M.A.C.* (*Medical Abbreviations Crossword)

Abbreviations of long, cumbersome words and phrases are a necessary fact of life in the medical sciences. They simplify and speed up communication between medical people. This crossword is constructed from some common medical abbreviations, but as you will see, these comprise only a small fraction of the total number in existence in the medical vocabulary.

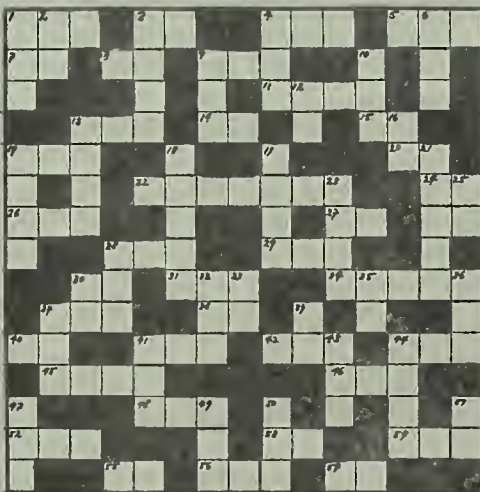
ACROSS

1. Brain wave tracing
3. Somatotropin
4. most abundant immunoglobulin
5. Placental hormone
7. Master of surgery
8. Vitamin B12 deficiency anemia
9. Gluconeogenesis
11. Enteric cytopathogenic human orphan group of viruses
13. Unbound fatty acids
14. Blood grouping
15. Hemoglobin
17. Vanillylmandelic acid
20. Seropositive arthritis
22. Virus group containing Cox A and Cox B
24. by mouth
26. interstitial pneumonia with squames
27. chief complaint
28. osteoarthritis
29. supraventricular arrhythmia
30. right eye
31. history of present illness
34. deficiency seen in Lesch-Nyhan syndrome
37. Reticuloendothelial system

38. ultraviolet
40. disease involving acid fast bacillus
41. group of virus
42. aspirin
44. neutrophils
45. emphysema-chronic bronchitis
46. nuclear substance
48. dyspnea
52. prothrombin time
53. cancer
54. serum marker for neural tube defects
55. physician
56. phenylketonuria
57. operating room

DOWN

1. P, QRS and T waves
2. Electron microscope
3. gamma-amino butyric acid
4. assoc. with anaphylactic reaction
6. computerized axial tomography
9. UV/P
10. potassium hydroxide
12. H.R. x S.V.
13. Fellow of the American College of Physicians



DOWN (continued)

16. Bilirubin
17. Lipoprotein
18. Syndrome of inappropriate response to vasopressin
19. Fellow of the Royal College of Physicians
21. Neonatal score
23. Corticotropin
25. outpatient
28. Dental surgeon (U.S.)
30. on examination
32. idiopathic fever
33. by vein
35. by rectum
36. feeding with complete G.I. bypass
37. erythrocytes
39. left eye
41. syndrome of surfactant-lack
43. vasopressin
44. para-amino benzoic acid
47. substance commonly used in Mantoux test
49. oral contraceptive
50. cardiac monitoring unit
51. X-ray taken from front

Rob (why the hell am I
wasting my time making up
these puzzles) Hegele 8T1

I bore me stiff — an essay on medical education

To the editor: It is my good fortune to teach bright medical students in a good western Canadian medical school. But I wonder about the relevance of it all — in particular the relevance of the rapt contemplation of pink-stained pieces of potted

people to the prevention and cure of human disease. My thoughts were stimulated by a recent conference on medical education. Most of it was rubbish. True, one senior educator told us simply and clearly that we should try to be lucid, interesting and well informed, and should deal with students pleasantly, as people — advice all of us need some of the time and a few of us badly all the time. And a visiting arch pedagogue, speaking in psychobabble, told us that experts don't make good teachers, and that indeed one is better not to know what one is talking about. It all set me thinking. I think best under the influence of rum and coke with a spot of Scarlati, Scarlati, Baccardi and I are in fact good co-authors.

It seems to me it is high time that someone enunciated a few self-evident truths about medical teaching. My authority to write this is nil I have not sat on any important committees or commissions; most of them are a time waste. But 20 years teaching medical students and being taught by them has given me a few opinions: they are but opinions — some are near facts, the rest but prejudices. They are personal thoughts that, as credits in papers from US Armed Forces Institutes always say, do not reflect the opinion of my university, the secretary of the Navy or the Archbishop of Canterbury.

First, the teacher must have one or two obvious qualifications. She must know what she is talking about. (For "he" or "she" I often write "she". This is to emphasize that we have far too few female faculty members. What happens to all these bright, attractive female medical students? Are they all pregnant all the time?) She must not drone on about things she knows nothing about. Like many others I do it every year — and I bore me stiff. A curriculum is better with a gap than says "Go thou and read the book".

Second, the teacher must be interested in what she is teaching and in the people she is teaching. And if she is not and merely uses a post

as a professor to pursue her private hobbies — whether they be the pursuit of the purines in the piss of a pregnant poodle, writing essays on how many devils can dance on the crista of a mitochondrion or stitching up hermits in especially elegant petit point — then shouldn't she be elsewhere?

There are a number of fundamental misconceptions in our teaching philosophy.

First, that anything that is worth knowing is worth lecturing about. Experiments have been done on how much information is retained at the end of a formal lecture — and the answer is, woefully little. Most lectures are given by people who are not first-hand authorities on the subjects they teach; and oh how dull we are. You may think it dull, but if there is one thing worse than being

bored it is boring oneself by boring others.

The truth is that most professors do know a little about a few things and are worth listening to on a very few topics — but probably any course that contains more than about 20 lectures in a year has too many too dull lectures.

Second, that anything and everything has to be illustrated by an audiovisual aid. An audiovisual aid is very often a confession that what one is saying is too dull and tedious to stand on its own and that one is as dull and tedious as one's subject.

Third, that the technique by which truths were discovered is necessarily the best one for presenting them. In about 1860 it became common practice for pathologists to slice thin pieces of tissue and stain them with blue and pink dyes. And to this day we do the same, neglectful of the fact that there are now many more useful ways of presenting the same information. If I look bored when teaching histopathology — I am.

There are a few simple rules in planning medical education.

① We are training doctors, so the question implicit in all parts of our teaching must be, "How relevant is it?" Teachers and taught must ask the question — insistently and forever. And whenever the control of a part of medical education has passed out of the hands of practising doctors, we, their medically qualified colleagues, must ask the same question — insistently and forever.

② We must not over-teach. There is far too little time in courses for that most excellent teaching aid, the bundle of organized knowledge (or book). Books, of course, contain lies, but many lectures are merely distortions of books.

③ We must not examine by methods that at once call into question the intelligence of teacher and taught. The multiple-choice examination is an excellent way of finding out whether students are good at acrostics. It was devised by Beelzebub, and its proponents are damned forever to a hell of biting ticks.

④ The most important thing professors can do is be around to talk to students — not that most of us know much in the way of factual information, but most of us can do something: by showing a student how; calling into question a dogma, or just plain arguing.

⑤ We must never ever talk about things we know nothing about — and by know I don't mean have read about in a textbook, but know, understand, enjoy and be bubbling with enthusiasm about. Lectures should be like sex, and how often do we not only not reach orgasm, but also don't even erect a hypothesis?

⑥ One of our major tasks is to teach students to think, write and talk logically and consecutively. Speech and writing are the peculiar glory of our species; an educated woman or man should speak and write with pith, punch and point, with perhaps an occasional rustle of elegance. To hell with the mitochondria and a-fourth-and-one-half! If the doctor can't communicate his or her thoughts to the patient. Above all we must show students how to speak and write the language of

Swift and W.O. Mitchell, Charles Lamb and Margaret Laurence, not psychobabble — the bastard offspring of dalliance between sociologist and psychologist.

⑦ In the end the work, the worry and the wonder is up to the student. We can only help.

Perhaps my strongest prejudice is that we teach students by precept — and, worse, by example — to work too hard. We lead them to believe that working from 9 till 6 or 7 is a normal life, especially when accompanied by three evenings a week reading and, in many branches of medicine, nights on call.

We are not a long-lived profession. Agricultural workers in Transcaucasia may celebrate their 120th birthdays at the wheel of the collective tractor or by begetting yet another communoblast; silver-haired philosophers may dissent dolefully till 94; clergymen may meditate on the nature of God and choirboys until the cows come home and the choirboys' voices break. But we who know about health and sickness should look at the obituary columns of the medical journals.

Dr. X, who became an authority on schindyllotheism, had a coronary at the age of 27; Dr. Y, who removed all the prostates in Inver-gurgle, had a cerebral hemorrhage at the age of 43; Professor Z filled the foundation chair of protoctoposcopy at the University of Uplurth and threw himself into organizing courses and research — and a coffin at the age of 41. The instances are all too

All this is part of the great myth of our society that work is somehow ennobling, purifying and beneficial to the character. Of course a little work never did anyone any serious harm. But it should be taken in small doses. We are a profession work too hard. We are not alone; many other professional groups share the vice. But unlike business executives or members of Parliament we should know better. Work is only a necessary evil — necessary to give us the means for golf, gardening, venery or meditation upon the nature of the universe, according to taste.

What does the excessive devotion to work cost? A man is educated from the age of 5 to the age of 30 and dies at his peak at 40 with children to be brought up in conditions of financial rigour, with all the social deprivation involved in having only one parent.

What about the ones who survive? How many middle-aged doctors are not healthy men — have had coronaries, are insomniacs or are alcoholics? All this in a profession supposed to know about health. In a status of society where material want hardly exists.

Whatever we do we will bore medical students. Don't worry, they will survive it. Six years of the dulltest teaching over 20 years ago in Glasgow did not stifle my interest in the most perplexing of God's creatures, the mystery and manner of his living and the pattern and puzzle of his dying. Guesswhat-chewan is no worse than Glasgow — we will try to stifle their interest, but we will fail.

IAN CARB, MD
Professor of pathology
University of Saskatchewan
Saskatoon, Sask.

Other New Assembly Positions

SAC rep.....Henry Broekhuysen
SHOUT rep.....Sandra Cockfield
Art as Applied to Meds rep Adrienne Alison
UMCC BT2.....Dev Halter
OMA Section Head.....Anne Curtis
Daffydil Co-producers.....Saul Stern & Pat Gallagher
Social.....Bob Kassel
Advertising.....George Vincent
Orientation.....Joel Yellin & Ken Walker
Striking Committee.....Scott Donaghue
MNA rep.....Tracey Burness
Instructional Media S.Ken Zatzman
Auricle (Communications)...Jesse Teitel & Megan Sykes
Med Society Lecture.....Fred Anderson
Library.....Pam Sanders

That's all folks...

Wednesday, March 19, 1980

golden words

MUE O'JAY

Golden
Worms

